



Excess Supplemental Application

WaterColor cannot accept any liability for failures to disclose or misstate material facts regarding your operations.

COMPANY NAME: _____ FEDERAL TAX ID# _____

ADDRESS: _____

PHONE: _____ **EXCESS COVERAGE AMOUNT REQUESTED:** _____

1. Do you store chemicals at your facility or are they drop shipped from the manufacturer to your customers job site? _____
2. If your answer in #1 is yes, please provide the following:
 Amount of dry chemical stored in your warehouse _____
 Amount of liquid chemical stored in your warehouse _____
 What is the maximum amount of dry and wet chemical that you store your warehouse at one time? _____
 What size containers is the wet chemical stored in? _____
3. Do you repackage or re-label any of the products you sell or distribute? Yes No
 (if Yes, describe types: defoamers, glycol, etc) _____
4. Do you operate your business & occupy space in more than 10 separate locations? Yes No
5. Is the underlying General Liability written with a per location aggregate limit? Yes No
6. Do you conduct or sub-contract installation, repair, or leasing? Yes No
7. Is more than 50% of the work done by your firm related to the energy industry? Yes No
8. Is your firm involved in environmental engineering? Yes No
9. Do you require a certificate of insurance from your sub-contractors? Yes No
10. Is your firm named as an additional insured on the sub-contractors policy? Yes No
11. Is this account considered to be an alternative energy account? Yes No
12. Do you have any retail operations? Yes No
13. What percent of the insured's work is performed in the 5 boroughs of New York
 (Brooklyn, Bronx, Queens, Staten Island, Manhattan)? _____%
14. What percent of the insured's work is performed in New York State _____%



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15. What percentage of the work performed by the insured is Commercial or Industrial?

Commercial _____ %
 Agricultural _____ %
 Industrial _____ %
 Residential _____ %
 Other _____ %
Total _____ %

16. Do you perform any work for refineries or chemical plants; or are you involved in the installation of fire suppression systems? Yes No

17. Do you work on scaffolds, ladders, or any similar device inside? Yes No

If yes, what is the maximum height ____Ft?

Do you work on scaffolds, ladders, or any similar device outside? Yes No

If yes, what is the maximum height ____Ft?

18. Is there any marine or marina? Yes No

19. Do you perform any work for oil & gas industries? Yes No

20. Do you subcontract more than 50% of your work? Yes No

21. Any repair work or leasing of equipment? Yes No

22. Do you manufacture, service, or sell any sprinkler equipment? Yes No

23. Do you manufacture, service, or sell any firefighting equipment? Yes No

24. Has your company had any claims incidents or potential claims incidents not reported to WCM since you last applied for insurance? Yes No

If "Yes," please attach a one paragraph description. _____



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25. Please give a brief description of what your business does: _____

26. Do you want Excess to cover your Auto or WC Policies? Yes No

If Yes, Please complete the following information:

Auto Company Name: _____

Auto Policy Number: _____ Auto Effective Dates: _____

Auto Coverage Amount: _____

Workers Comp Company Name: _____

Workers Comp Policy Number: _____ WC Effective Dates: _____

Workers Comp Coverage Amount: _____

**WE WILL ALSO NEED A COPY OF THE POLICY AND 5 YEAR LOSS RUN FOR EACH TO ADD
 COVERAGE. PLEASE SEND BACK WITH APPLICATION.**